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# Introduction

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Epilepsy is one of the most common neurological disorders worldwide and it affects people of all ages, races, social classes, and countries (**WHO, 2012 and Al-Biltagi et al., 2012**). It is currently recognized by many countries and concerned associations as a public health problem (**Babicar and Abbas, 2012**).

Childhood epilepsy is one of the most prevalent neurological conditions affecting the growing brain. The prevalence of epilepsy in general population is 8.2 per 1,000 (**Mathiak et al., 2010**). **Baum et al., (2007)** reported that epilepsy can be observed at any age; however it is frequently seen at early ages. Most epileptic patients have their first epileptic seizure before the age 20 years. It is estimated that 0.5-1% of all the children have epilepsy, with the majority presenting during infancy or early childhood. It is higher in developing countries with a rate of 3.6 to 4.2 per 1000 children in developed countries and approximately doubles these rates in developing countries in which a prevalence of >10 per 1,000 were reported (**Duggan, 2010; Malik et al.,2011; Burton et al., 2012 and Al Beltagi, 2012**).

In Egypt, the prevalence rate in Assiut Governorate in Upper Egypt was 12.9 per 1,000 (**Kandil, 2007**). **Farghaly, (2012)** revealed that the prevalence of epilepsy among Egyptian children in Al Quseir city was 9/1000 children, with the highest peak among neonates and during early infancy (0-2years), with annual incidence rate 82.7/100, 000 children. The prevalence of epilepsy was higher among males (10.5/1000) than female children (7.4/1000).

Epilepsy is an illness with multiple consequences and costs for children, families and society. Childhood epilepsy has greater economic costs than those generated by more prevalent, chronic diseases (**Argumosa & Herranz 2004 and World Health Organization, International League Against Epilepsy, International Bureau for Epilepsy, 2005**).

Epilepsy in one family member can negatively affect the quality of life of the entire family (**Ellis et al., 2000; Baker et al., 2008; Lv et al., 2009; and Taylor et al., 2011-a**). Parents of children with epilepsy, like parents of children with many other chronic conditions, are faced with a constant feeling of uncertainty about their

children's condition. This uncertainty can lead to a profound negative impact on the children's physical and psychosocial adjustment to living with a chronic condition (**Hobdell et al., 2007; Ramaglia et al., 2007 and Duffy, 2011**).

The unpredictability of seizure recurrence, the severity of the disease, poor responding to drugs, frequent hospitalization and tests is a constant threat to the children with epilepsy and their families. Furthermore, there are many other ever-present factors which affect the lives of children with epilepsy, their families and their close social networks including social, psychological, behavioral, educational, and cultural factors. These factors vary considerably from one child to the next, but have a significant impact on the daily quality of life in every affected child and require cooperation of the family for a long time with the treatment team (**World Health Organization, 2006; Hocaoglu 2011; Roberts & Whiting-Mackinnon, 2012; and Institute of Medicine of the National Academies, 2012**).

It has become apparent that, besides the neurological and medication factors, family factors play a substantial role in the development or maintenance of children wellbeing (**Elliott & Shneker, 2008 and Felsmann, 2012**). The parents of children with epilepsy have to deal with the condition twenty four hours a day, seven days a week. Mothers often assume the primary responsibility for the medical care of their children, they play the most significant role in helping their epileptic children adapt to their condition. In practical terms their function include seeking treatment, ensuring their children's compliance with treatment, providing care before, during and after the attack, facilitating the children's functioning in and outside the home, and regulating the impact of other people's attitudes on their children (**Rodenburg et al., 2011**). So, mothers of the children with epilepsy should have adequate information about their children's disorder, to be able to provide satisfactory care to their children and at the same time carry a positive attitude toward their illness, which facilitate the management process (**Holmes, 2009**).

Mothers' Knowledge determines their response to an illness and the strategies they use to care for their children. Educating the mothers is an important early step in improving their children care, it is vital to be able to access adequate amounts of information to allow mothers to understand their children's condition (**Lu et al., 2006; and Aldrin et al., 2011**). The availability of this information for children with epilepsy

and their families is essential for effective care; it includes information about the cause of epilepsy, treatment and impact of medications and the implications for safe everyday living (*Scottish Intercollegiate Guidelines Network, 2005 and Saengsuwan et al., 2012*). **Behrouzian and Neamatpour, (2010)** stated that parents with accurate knowledge about their children's epilepsy can provide a better care to their children than parents with less knowledge.

Nurses play an important role in the provision of advice, support, advocacy and education of families affected by epilepsy. Educating children with epilepsy and their families about the disorder, the range of treatment options, and the array of community services that might be helpful to achieve optimal self-management. Access to information about disease, such as, diagnosis, prognosis, treatment, strategies for injury prevention and healthy living, employment rights and protections, and self-management skills can increase the children and family sense of empowerment, promote adaptation to the disorder, and enhance overall quality of life (*Epilepsy Action, 2010; Stecker, 2011; Royal College of Pediatrics and Child Health, 2012*).